

New Jersey Immunization Information System
USER ENROLLMENT AND TRAINING REQUEST

Complete one (1) form per individual attending training.

Part 1 should be filled out by the individual attending training.

Part 2 should be filled out by a Site Administrator (site manager, health officer, etc.).

All personnel to be trained must be pre-registered. Please print legibly or type. Fax the completed form, at least ten (10) business days prior to the training date, to 609-588-4543.

PART 1. USER INFORMATION

Name: _____ Telephone No.: _____

Title: _____ Training Date: _____

Training Site: _____

Email Address: _____

Prior to attending a NJIIS training session, all users should have basic computer skills which include use of the keyboard and mouse and also have a basic understanding of Windows and the Internet.

PART 2. YOUR SITE INFORMATION

Site Provider Name: _____ County: _____

Site Administrator Name: _____

Site Address: _____

Site City, State, Zip: _____

Telephone No.: _____ Fax:: _____

To be filled out by Site Administrator:

(Please check (✓) the appropriate level of access for above user.

☐ General Reader:
Can only view patient information and run basic reports.

☐ General User:
Can modify or add information to existing patients, add new patients, maintain inventory control records and run reports.

☐ Site Manager:
Can modify or add information to existing patients, add new patients and modify critical fields, perform outreach, maintain inventory control records and run reports.

Signature of Site Administrator: _____ Date: _____

For Internal Use Only

User ID: _____

Assigned By: _____

Initial Password: _____

Date Set Up: _____

Date Trained: _____

Other: _____